

EXECUTION COPY

EVIDENCE OF PARTIAL TRANSFER OF CLAIM

TO: Clerk, United States Bankruptcy Court, Southern District of New York

AND TO: Citigroup Financial Products Inc.

Citigroup Financial Products Inc. ("Seller"), for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged and pursuant to the terms of an Assignment of Claim agreement dated as of the date hereof, does hereby certify that it has unconditionally and irrevocably sold, transferred and assigned to **Solus Recovery LH Fund LP** ("Buyer"), all right, title and interest in and to the claims of Seller against LEHMAN COMMERCIAL PAPER INC. (and its affiliates) docketed as Claim No. 32697 to the extent of \$1,343,080.00 (the "Claim") in the United States Bankruptcy Court, Southern District of New York, Case No. 08-13900 (JMP) (jointly administered under Case No. 08-13555).

Seller hereby waives any notice or hearing requirements imposed by Rule 3001 of the Federal Rules of Bankruptcy Procedure, and stipulates that an order may be entered recognizing this transfer and sale of the Claim as an unconditional assignment and sale and Buyer herein as the valid owner of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect to the Claim to Buyer.

IN WITNESS WHEREOF, dated as of the 22nd day of October, 2013.

Citigroup Financial Products Inc.

By: 

(Signature of authorized signatory)

Name: **BRIAN BLESSING**

Title: **AUTHORIZED SIGNATORY**

Tel.: _____

Solus Recovery LH Fund LP

By: Solus Alternative Asset Management LP,
Its Investment Advisor

By: _____
(Signature of authorized signatory)

Name: _____

Title: _____

Tel.: _____

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Citigroup Financial Products Inc.

By: _____
(Signature of authorized signatory)

Name: _____
Title: _____
Tel.: _____

Solus Recovery LH Fund LP
By: Solus Alternative Asset Management LP,
Its Investment Advisor

By: _____
(Signature of authorized signatory)

Name: Christopher Bondy
Title: Executive Vice President
Tel.: _____